CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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DOCUMENT # P94000086930

1. Corporation Name

BLUE VELVET OF BREVARD INC
~~1861 S PATRICK DR 159~~
III MARTESIA WAY
INDIAN HARBOUR FL 32937

REINSTATEMENT 98(9)
W00-3811

2. Principal Office Address	3. Mailing Office Address
III MARTESIA WAY	~~1861 S Patrick Dr #159~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. III MARTESIA WAY
City & State INDIAN HARBOUR FL	City & State INDIAN HBR FL
Zip 32937 Country BREVARD	Zip 32937 Country BREVARD

4. Date Incorporated or Qualified To Do Business in Florida 11/28/1994

5. FEI Number 59-3276804 | Applied For / Not Applicable |

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name HENRY PLAAG

Street Address (P.O. Box Number is Not Acceptable) III MARTESIA WAY

Suite, Apt. #, Etc.

City INDIAN HARBOUR | State FL | Zip Code 32937 |

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***1050.00   ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X Henry Plaag
REGISTERED AGENT MUST SIGN   Date 2/9/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Henry Plaag	III Martesia Way	Ind Har Bch, Fl. 32937
VP	Deborah Plaag	III Martesia Way	Ind Hbr FL 32937

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Henry Plaag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   2/9/2000   331-777-6311
Date   Daytime Phone #

CR2E081 (9/99)